

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 09-17-03.

The IRO reviewed work hardening/conditioning and office visits rendered from 09-17-02 through 10-11-02 that was denied based upon "U" and "V".

The Medical Review Division has reviewed the IRO decision and determined that the requestor **did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 11-25-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
10-4-02	97545-WH-AP	\$128.00 (1 unit)	\$0.00	A/X170	\$64.00 pr hr (CARF provider)	96 MFG Med GR II (E)(3-5)	A/X170 – Per TWCC Advisory 2003-02 no preauthorization required. Requestor submitted relevant information to support delivery of service. Reimbursement is recommended in the amount of \$64.00 (CARF) X 1 unit = \$64.00
10-4-02	97546-WH-AP	\$384.00 (6 units)	\$0.00	A/X170	\$64.00 pr hr (CARF provider)	96 MFG Med GR II (E)(3-5)	A/X170 – Per TWCC Advisory 2003-02 no preauthorization required. Requestor submitted relevant information to support delivery of service. Reimbursement is recommended in the amount of \$64.00 (CARF) X 6 units = \$384.00
TOTAL		\$512.00	\$0.00		\$448.00		The requestor is entitled to

							reimbursement in the amount of \$448.00
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## ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 8-28-01 through 12-28-01 in this dispute.

This Order is hereby issued this 12<sup>th</sup> day of March 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division  
DLH/dlh

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** March 8, 2004

**RE: MDR Tracking #:** M5-04-0247-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer that has ADL certification. The Chiropractic physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

According to the documentation presented, on or about \_\_\_ the claimant slipped and fell at work injuring her neck and low back. Over the following months, she underwent medicinal and chiropractic care. An functional capacity exam conducted on 05/10/02 concluded that the claimant might benefit from a work hardening program. One week of work hardening was conducted from 07/01/02 through 07/05/02. Five additional weeks of work hardening were conducted from around 09/09/02 through 10/11/02. The claimant was also evaluated and treated by the chiropractor 4 times between 09/18/02 and 10/09/02.

### **Requested Service(s)**

I have been asked to present a decision regarding the medical necessity of outpatient services rendered to the claimant from 09/17/02 through 10/11/02, specifically work hardening/conditioning and chiropractic office visits.

### **Decision**

The work hardening/conditioning and chiropractic office visits conducted from 09/17/02 through 10/11/02 were not medically necessary.

### **Rationale/Basis for Decision**

Two months lapsed between the onset of work hardening (07/01/02) and the time that work hardening was resumed (around 09/09/02). Four months lapsed between the initial functional capacity exam (05/10/02) and the time that work hardening was resumed (around 09/09/02). The claimant's condition could have changed significantly during the four months between the functional capacity exam and the resumed work hardening program. The documentation contains no objective information reasonably close to the resume date of the work hardening program to justify resuming and continuing the program following the two-month hiatus. Although the chiropractor was apparently the treating doctor for the claimant, there is no objective documentation to justify 99214-MP level office visits or four office visits within a three week period of time, nine months post-injury.

### **Literary Sources**

Rehabilitation of the Spine, Liebensohn, Craig, D.C., et al, Williams & Wilkins, Baltimore, MD, 1996.